

Date

Leah B Nash
Centers for Medicare & Medicaid Services
Center for Medicare & Medicaid Innovation

Re: Iowa's Response to State Innovation Models (SIM): Round Two of Funding for Design and Test Assistance (Funding Opportunity Number: CMS-1G1-14-001)

Dear _____:

On behalf of [Organization], I am pleased to write this letter in support of Iowa's Model Test Grant Proposal, in response to the Centers for Medicare and Medicaid Services (CMS) Funding Opportunity Number: CMS-1G1-14-001.

[Organization] has a history of a strong relationship with the Iowa Medicaid Enterprise (IME) and is supportive of the work being proposed in this proposal. Like the IME, [Organization] is committed to improving population health, transforming healthcare delivery systems, and decreasing per capita total health care spending in Iowa.

The proposal that has been developed, and the strategies that will be tested as part of this work, have tremendous potential to achieve these goals. Additionally, the strategies build upon the strong work already being done in Iowa, and maximize and leverage the transformative work already underway, including development of a Medicaid Accountable Care Organization contracting methodology that aligns payment and quality measures across payers, promotes transparency and data sharing to improve outcomes, better engages Iowans in their healthcare, and lowers the cost of health care for all Iowans. A Model Test Grant award would allow Iowa to make incredible progress in its efforts to transform the health care system, test new and innovative ideas, and improve the health of Iowans while reducing costs.

[Organization] is committed to supporting the implementation of this initiative. Specifically, [Organization] will contribute to the SIM process by [specifically note how the organization will participate in the work that was outlined in the SHIP and that will be part of the proposal]. I understand that I may be asked to participate in an in person or video conference meeting with CMS as part of the proposal process

We have full confidence that the Iowa Medicaid Enterprise, along with its partners, will meet the goals of its proposal. For any questions, please do not hesitate to contact me at [phone number] or [email address].

Sincerely,
Name
Title
Organization